

711 E. Wells Avenue, Pierre, SD 57501  
(605)773-3301 or 1-800-952-3625  
Website: [www.artscouncil.sd.gov](http://www.artscouncil.sd.gov)

Read Grant Guidelines and follow the steps listed under Application Procedure.

Mailing Address	City	State	Zip	County
-----------------	------	-------	-----	--------

Telephone	E-mail Address	Website
-----------	----------------	---------

Contact Person	Daytime Phone
----------------	---------------

Mailing Address	City	State	Zip	E-mail Address
-----------------	------	-------	-----	----------------

Number of Artists Participating: \_\_\_\_\_

Summary of applicant organization's mission and goals. (Please use only the space provided):

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines of the SDAC. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

---

Date

Address	City	State	Zip	Telephone
---------	------	-------	-----	-----------

## BUDGET INFORMATION

\$

Applicant Organization

Cash balance at the beginning of the most recent fiscal year.

Invested as follows: \$ \_\_\_\_\_ In checking account \$ \_\_\_\_\_ savings account

\$ \_\_\_\_\_ Other (list) \_\_\_\_\_

Each item below must be annotated on your organization's financial statement. Round all amounts to the nearest dollar.

<b>EXPENSES</b>	Cash Operating Expenses Most Recent Year Ending _____	Operating Budget Current Fiscal Year Starting _____
A. Personnel Administrative (Number of Positions _____ )		
Artistic (Number of Positions _____)		
Outside Artistic Fees and Services		
Other Outside Fees and Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses _____ _____ _____		
F. Total Cash Expenses (A through E)		
G. Deduct total expenses paid from Federal sources including SDAC grant(s) (From M below)		
H. Total Eligible Cash Operating Expense (F minus G)		

<b>INCOME</b>	Income Most Recent Fiscal Year Ending _____	Income Current Fiscal Year _____
I. Admissions		
J. Contracted Services Revenue		
K. Other Revenue (Please specify)		
L. Cash Support Corporate _____ Foundation _____ Other Private _____		
M. Government Support City/County _____ Regional/State _____ Federal _____ Other SDAC Grant(s) _____		
N. Applicant Cash		
O. Total Application Cash Income (I through N)		
P. Grant Amount Requested from SDAC (10% of Total Eligible Cash Operating Expenses from H above)		